# Advisory Committee on Qualifications for Health Care Translators and Interpreters 2016 Report

Recommendations for the Executive Commissioner and for the 85th Legislature, Regular Session, 2017

December 2, 2016

## DISCLAIMER

This *Advisory Committee on Qualifications for Health Care Translators and Interpreters (Committee) Report 2016* reflects the views and opinions of a majority of the Committee's membership. The Committee, for purposes of this report, refers only to those members appointed to the Committee by the Health and Human Services Commission's (HHSC) Executive Commissioner and does not include the non-voting representatives from the Texas Health and Human Services (HHS) agencies. Unless otherwise noted, the views and opinions expressed in these recommendations are those of the appointed members of the Committee. HHSC Civil Rights Office provides staff support as directed by Health and Human Services Circular C-022, *Enterprise Policy for Advisory Committees*.

This Committee was created by H.B. 233, 81st Legislature, Regular Session, 2009, and abolished in statute by SB 200, 84th Legislature, Regular Session, 2015. The HHSC Executive Commissioner determined to continue the Committee through 2016. This is the final report of the Committee.

This report and its recommendations reflect the positions of a majority of the members of the Committee. There are many different perspectives and policy concerns represented by the Committee's membership and not all statements made in this report reflect each member's official position. Contents of this report were discussed by the Committee and members voted on the recommendations independently and by unanimous vote at a regular meeting on September 16, 2016, and there were no nay votes and no abstentions.

# ADVISORY COMMITTEE ON QUALIFICATIONS FOR HEALTH CARE TRANSLATORS AND INTERPRETERS LEGISLATION RECOMMENDATIONS

The appointed members of the Advisory Committee on Qualifications for Health Care Translators and Interpreters (Committee) focused on increasing the quality of and access to health care by improving the quality of communication between health care providers and consumers with limited English proficiency (LEP) and consumers who are deaf or hard of hearing. There are separate recommendations for foreign languages, foreign signed languages, and American Sign Language (ASL). The Committee is aware of other modes of interpreting, such as oral interpreting and Cued Speech; however, they are outside the scope of this report. The Committee respectfully submits these recommendations, which were adopted by unanimous vote.

## Recommendations for Interpreters of Foreign Languages, Foreign Signed Languages and Translators

### Recommendation #1

Prohibit the practice of requiring patients to bring their own interpreters in health care settings.

### Rationale for Recommendation #1

This recommendation addresses one of the most clinically inappropriate practices of health care providers and institutions related to language access. It prohibits the practice of asking patients to bring their own interpreters in health care settings. According to federal guidance regarding discrimination against LEP individuals, health care providers or institutions that receive federal funds may not require LEP individuals to have family members or friends serve as interpreters.[1]

### Recommendation #2

In routine situations, work with a certified or qualified interpreter not associated with the patient at no cost to the patient. The health care facility staff will inform the patient—in the patient's preferred language—that a certified or qualified interpreter will be provided at no cost to the patient.

[1] HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons. Federal Register: August 8, 2003 (Volume 68, Number 153).

Limit working with uncertified individuals to assist with communication—including friends, family members, associates, and others—to those medical emergencies, both physical and mental and/or behavioral, in which an interpreter not associated with the patient is not available by any other means. This includes, but is not limited to, in-house, contracted, and remote interpreters.

Definitions:

- **Certified Interpreter** shall be defined as an interpreter holding certification from the Certification Commission for Healthcare Interpreters, the National Board of Certification for Medical Interpreters, the HHSC Board for Evaluation of Interpreters, or the Registry of Interpreters for the Deaf.

- **Qualified Interpreter** shall be defined as an interpreter who (1) adheres to generally accepted interpreter ethics principles, including client confidentiality; (2) has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and (3) is able to interpret effectively, accurately, and impartially, both receptively and expressively, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

- **Remote Interpreter** shall be defined as a certified or qualified interpreter who makes his/her services available via communications technologies, such as telephone interpreting or web-based videoconferencing systems.

**Rationale for Recommendation #2**

The recommendation is a first, essential step toward increasing the quality of, and access to, competent medical interpreters. While certification is not currently required for foreign language interpreters in a medical setting, this recommendation in no way limits the possibilities of requiring medical specialty certification at a future date.

According to the federal Department of Health and Human Services, "... Family members (especially children) or friends may not be competent to provide quality and accurate interpretations. Issues of confidentiality, privacy, or conflict of interest may also arise. LEP individuals may feel uncomfortable revealing or describing sensitive, confidential, or potentially embarrassing medical, law enforcement (e.g., sexual or violent assault), family, or financial information to a family member, friend, or member of the local community. In addition, such

non-professional interpreters may have a personal connection to the LEP person or an undisclosed conflict of interest, such as the desire to protect themselves or another perpetrator in a domestic violence matter."

"… Competency requires more than self-identification as bilingual. Some bilingual staff and community volunteers, for instance, may be able to communicate effectively in a different language when communicating information directly in that language, but not be competent to interpret in and out of English…."[2]

**Recommendation #3**

Recommend qualifications and successful completion of training for any individual in the state of Texas who provides interpreting services as part of his or her professional duties in a health care setting.

Recommend the following interpreter qualifications:

- CHI™ Certification by the Certification Commission for Healthcare Interpreters (CCHI) or CMI certification by the National Board of Certification for Medical Interpreters (NBCMI), or
- CoreCHI™ certification by CCHI or QMI certification by NBCMI with interpreting experience
- **Or all of the following:**
  - Adherence to the criminal background check requirements of the hiring/contracting entity
  - Age 18
  - High School Education,
  - Fluency in English and a Language Other Than English (See Appendix B)
  - Experience as a Translator or Interpreter in a Health Care Setting
  - Onsite Mentoring, and
  - Training in:
    - Interpreting Skills

[2] HHS Guidance

- Consecutive Interpreting
- Sight Translation
- Protocols (managing the session)

- Code of Ethics for Health Care Interpreters
- Standards of Practice for Health Care Interpreters
- Roles of the Health Care Interpreter
- Cultural Awareness
- Legislation and Regulations (Americans with Disabilities Act (ADA); Section 504 of the Rehabilitation Act; Title VI of Civil Rights Act; Affordable Care Act (ACA), Section 1557; Health Insurance Portability and Accountability Act (HIPAA); Health Information Technology for Economic and Clinical Health Act (HITECH); National Standards on Culturally and Linguistically Appropriate Services (CLAS))
- General Medical Knowledge
  - Medical Health
    - Anatomical Terms for Major Body Systems
    - Medical Tests and Diagnostics
    - Common Specialties and Medications
    - Acronyms and Abbreviations
    - Routine Medical Equipment
    - Health Care Compliance Training (for example, Infection Control, Emergency Codes, HIPAA)
  - Mental/Behavioral Health
    - Common Disorders of Adults, Children, and Adolescents
    - Common Medications
    - Psychiatric Tests and Diagnostics
    - Treatment Plans
    - Acronyms and Abbreviations
    - Legal Status (Voluntary, Peace Officer Emergency Commitment (POEC), Order of Protective Custody (OPC))

The committee has outlined recommendations for training programs and accreditation set out in Appendix B.

**Rationale for Recommendation #3**

This recommendation ensures that medical foreign language interpreters in the state of Texas have a comprehensive knowledge of the medical, professional, and legal issues required for this role. The Committee recommends for this purpose the National Code of Ethics and Standards of Practice developed by the National Council on Interpreting in Health Care (NCIHC).

**Recommendation #4**

Establish a registry of health care interpreters who meet the qualifications described in Recommendation 3. This registry will be linked to a similar registry of sign language interpreters and may also include language service organizations that provide health care interpreting services.

**Rationale for Recommendation #4**

Health care providers who try to comply with language access requirements often have difficulty finding interpreters when needed, especially for languages of limited diffusion. In testimony before the Committee, stakeholders expressed strong support for a registry where they could easily find the interpreters they need. The Committee recommends a nonprofit professional organization host the registry. Registration will be voluntary, as a first step toward identifying and communicating with individuals who provide interpreting services in health care.

Definition: Language of Limited Diffusion shall be defined in this document as a language not included in the top 20 languages in the United States.

**Recommendation #5**

Patient liaisons/advocates working as interpreters and bilingual staff working in a dual role should refrain from advocating *during* the interpreting session.

**Rationale for Recommendation #5**

This recommendation ensures that advocates separate and clearly indicate when acting as an interpreter or patient liaison, as addressed in the NCIHC *Standards of Practice*. As part of the

treating team, advocates are exposed to in-depth private health information about the patient and must discuss this with people outside of the treatment team for conflict-resolution purposes. When acting as an interpreter, the advocate may gain additional knowledge about a specific patient, information that was not disclosed to the interpreter when acting as an advocate.

The interpreter should be very careful not to disclose this information with people outside the treating team. When in a dual role, the interpreter should be very clear about both of his/her roles and make sure other people know at all times when he/she is acting as one or the other to avoid confusion.

Definition: Treating Team shall be defined as all health care providers involved in the care of a particular patient within a single facility.

**Recommendation #6**

Implement quality assurance measures for translation of written documents. The translation should be reviewed and edited by an experienced editor with the following criteria in mind:

- Reliability – meaning of original text is clearly conveyed in the target language
- Completeness – nothing is omitted or added to the original message
- Accuracy – text is free of spelling and grammatical errors
- Cultural appropriateness – message is meaningful and appropriate for the target culture

Definition: An experienced editor shall be defined as someone who has demonstrated proficiency in reading and writing both languages and has thorough knowledge of medical terminology.

**Rationale for Recommendation #6**

This recommendation provides guidance to health care providers who seek translation services by describing translation standards and protocols with which providers may be unfamiliar and setting out qualifications for both in-house and outsourced translation providers.

A translation function may be completed in-house. The request should include the following information:

- Function, overall purpose, and end use of the source text
- Description of target audience for translated text – literacy level, cultural concepts, regional language variations
- Specific needs and special requirements, such as adaptation for low literacy level or specific terminology preferences
- Specific deadline by which the document is required

The translator should meet the following qualifications:

- Ability to read and write at a professional level in the source and target language
- Knowledge and experience with the culture of the intended audience
- Knowledge of medical terminology and concepts
- Experience as a medical translator

The translation function may be outsourced. If so, to ensure quality, the Committee recommends the following criteria. The translation provider should:

- Offer transparency in its processes
- Use up-to-date technology and tools, including translation memory
- Use HIPAA and HITECH compliant security measures
- Include editing, proofreading, language localization, and formatting as steps in its process
- Have mechanisms for quality assurance/quality control, such as ISO Certification which specifies requirements for a quality management system

## Recommendations for American Sign Language Interpreters

**Recommendation #1**

Prohibit the practice of requiring patients to bring their own ASL interpreter in health care settings.

**Rationale for Recommendation #1**

This recommendation addresses one of the most clinically inappropriate practices of health care providers and institutions related to language access. It prohibits the practice of asking patients to bring their own ASL interpreter in health care settings. According to federal guidance regarding language and communication discrimination, health care providers or institutions who receive federal funds may not require family members or friends to serve as interpreters.[3]

**Recommendation #2**

In routine situations, work with a certified and qualified ASL interpreter not associated with the patient at no cost to the patient. The health care facility staff will inform the patient—in the patient's preferred language—that a certified and qualified interpreter will be provided at no cost to the patient.

Limit working with uncertified individuals to assist with communication—including friends, family members, associates, and others—to those medical emergencies, both physical and mental/behavioral, in which an interpreter not associated with the patient is not available by any other means. This includes, but is not limited to, in-house, contracted, and remote interpreters.

Definition:

- **Certified Interpreter** shall be defined as an interpreter holding certification from the Certification Commission for Healthcare Interpreters, the National Board of Certification for Medical Interpreters, the HHSC Board for Evaluation of Interpreters, or the Registry of Interpreters for the Deaf.

[3] HHS Guidance

- **Qualified Interpreter** shall be defined as an interpreter who (1) adheres to generally accepted interpreter ethics principles, including client confidentiality; (2) has demonstrated proficiency in speaking and understanding both spoken English and ASL; and (3) is able to interpret effectively, accurately, and impartially, both receptively and expressively, to and from ASL and English, using any necessary specialized vocabulary, terminology and phraseology.

- **Remote Interpreter** shall be defined as a certified and qualified interpreter who makes his/her services available via communications technologies, such as web-based videoconferencing systems. The recommended qualifications also apply to remote interpreters.

**Rationale for Recommendation #2**

The recommendation is a first, essential step toward increasing the quality of, and access to, competent medical interpreters and in no way limits the possibilities of requiring medical specialty certification at a future date.

According to the Americans with Disabilities Act (ADA), Title II Technical Assistance Manual, "In many situations, requiring a friend or family member to interpret may not be appropriate, because his or her presence at the transaction may violate the individual's right to confidentiality, or because the friend or family member may have an interest in the transaction that is different from that of the individual involved. The obligation to provide 'impartial' interpreting services requires that, upon request, the public entity provide an interpreter who does not have a personal relationship to the individual with a disability ... Signing and interpreting are not the same thing. Being able to sign does not mean that a person can process spoken communication into the proper signs, nor does it mean that he or she possesses the proper skills to observe someone signing and change their signed or finger spelled communication into spoken words."[4]

According to the Americans with Disabilities Act, Title III Regulations, 28 CFR 36.303(c), Effective Communication:

[4] ADA Title II Technical Assistance Manual Covering State and Local Government Programs and Services, Section II-7.

(2) A public accommodation shall not require an individual with a disability to bring another individual to interpret for him or her.

(3) A public accommodation shall not rely on an adult accompanying an individual with a disability to interpret or facilitate communication, except--

(i) In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or

(ii) Where the individual with a disability specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.

(4) A public accommodation shall not rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.

**Recommendation #3**

Recommend qualifications and successful completion of training as set out below, for any individual in the State of Texas who provides ASL interpreting services as part of his or her professional duties in a health care setting.

Recommend the following interpreter qualifications:

- General Sign Language Certification recognized by the Texas HHSC Board for Evaluation of Interpreters (BEI) or
- BEI Medical Interpreter Certificate
- **And all of the following:**
  - Experience as an Interpreter in a Health Care Setting
  - Adherence to the criminal background check requirements of the hiring/contracting entity,
  - Onsite Mentoring
  - Training in:
    - Interpreting Skills
      - Consecutive and Simultaneous Interpreting

- Sight Translation
- Protocols (managing the session)

- Code of Ethics for Health Care Interpreters
- Code of Professional Conduct
- Standards of Practice for Health Care Interpreters
- Roles of the Health Care Interpreter
- Cultural Awareness
- Legislation and Regulations (ADA; Section 504 of Rehabilitation Act; Title VI of Civil Rights Act; ACA, Section 1557; HIPAA; HITECH; CLAS)
- General Medical Knowledge
  - Medical Health
    - Anatomical Terms for Major Body Systems
    - Medical Tests and Diagnostics
    - Common Specialties and Medications (including physical and behavioral health)
    - Acronyms and Abbreviations
    - Routine Medical Equipment
    - Health Care Compliance Training (for example, Infection Control, Emergency Codes, HIPAA)
  - Mental/Behavioral Health
    - Common Disorders of Adults, Children, and Adolescents
    - Common Medications
    - Psychiatric Tests and Diagnostics
    - Treatment Plans
    - Acronyms and Abbreviations
    - Legal Status (Voluntary, POEC, OPC)

The committee has outlined recommendations for training programs and accreditation set out in Appendix B.

**Rationale for Recommendation #3**

This recommendation ensures that medical ASL interpreters in the state of Texas have a comprehensive knowledge of the medical, professional, and legal issues required for this role. Additionally, this recommendation ensures effective communication with people who are Deaf or hard-of-hearing in any health care setting. The Committee recommends for this purpose the National Code of Ethics and Standards of Practice developed by the National Council on Interpreting in Health Care.

**Recommendation #4**

Maintain a registry of ASL health care interpreters who meet the recommended qualifications. This registry will be linked to a similar registry of foreign language interpreters and may also include language service organizations that provide health care interpreting services.

**Rationale for Recommendation #4**

Health care providers who try to comply with language access requirements often have difficulty finding interpreters when needed, especially for languages of limited diffusion. In testimony before the Committee, stakeholders expressed strong support for a registry where they could easily find the interpreters they need. Texas HHSC currently hosts a registry of certified ASL interpreters.

## APPENDIX A

## ADVISORY COMMITTEE ON QUALIFICATIONS FOR HEALTH CARE TRANSLATORS AND INTERPRETERS 2016: MEMBERSHIP LIST

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# APPENDIX B

## PROCEDURES FOR ACCREDITATION, QUALIFICATION, CERTIFICATION, AND RENEWAL

## RECOMMENDATIONS FOR TRAINING PROGRAM ACCREDITATION AND RENEWAL

### PROGRAM ACCREDITATION RECOMMENDATIONS

Programs may apply to provide the following training for health care interpreters, translators, and/or instructors:

- Certification course:
  Minimum of 80 hours of instruction led by a qualified instructor (see page B-2) in the following core competencies:
  - Interpreting skills
  - Code of ethics and standards of practice for health care interpreters
  - Roles of the health care interpreter
  - Cultural awareness
  - Legislation and regulations
  - General medical knowledge
  - Basic mental/behavioral health terminology
  - Routine medical equipment
  - Health care compliance training (for example, infection control, emergency codes, HIPAA)
- Mentoring:
  Minimum of 40 hours of health-care-related mentoring by a qualified health care interpreter. Mentoring will be structured following the standards of practice and rating scale of the International Medical Interpreters Association (IMIA).
- Continuing Education:
  Focus on one or more of the core competencies
- All three – Certification course, Mentoring, and Continuing Education
- Cost: Nominal fee

### ADDITIONAL RECOMMENDATIONS

- Retain an accurate record of each person's attendance and participation for five years from the date of their completion of the training program
- Retain documentation of qualifications of all instructors, including primary, assistants, and subject matter expert instructors
- Evaluate training or the acquisition of knowledge and mastery of skills by the individual
- The program should maintain the following documentation:
  - Signed and dated application with all information completed
  - List of qualified instructors (See Instructor Qualification)
  - Training information – including registration and enrollment, cost, frequency, and language(s)

- Sample attendance record
- Description of evaluation methods
- Course information by competency area
  - Course syllabus
  - Learner-centered objectives
  - Teaching methodology

**RENEWAL RECOMMENDATIONS**

A training program certificate must be renewed every two years to provide updated information.
Cost: Nominal fee

**EXPIRED CERTIFICATE**

To renew an expired certificate, a program must provide updated information.
Cost: Nominal fee

## RECOMMENDATIONS FOR INSTRUCTOR QUALIFICATION

**PRIMARY INSTRUCTOR QUALIFICATIONS**

- Bachelor's Degree or foreign equivalent
- Proficiency in English and at least one other language
- Certification by CCHI or NBCMI or sign language certification recognized by the HHSC Office of Deaf and Hard of Hearing Services
- Affiliation with a program accredited by the designated HHS agency, or
- Certified Medical Interpreter Educator by the International Medical Interpreters Association (IMIA)

Or

At least 500 cumulative hours instructing or training individuals who provide health care interpreting or translation in the previous six years. Experience will be verified with the contact(s) noted in the application.

**ASSISTANT INSTRUCTOR OR SUBJECT MATTER EXPERT QUALIFICATIONS**

- Teaching under supervision of the primary instructor
- Qualifications determined by primary instructor or training program

## RECOMMENDATIONS FOR HEALTH CARE INTERPRETER CERTIFICATION AND RENEWAL

**CERTIFICATION RECOMMENDATIONS**

- Copy of interpreter certification documentation for one of the following:
  - For sign language interpreters:
    Sign Language Certificate for health care interpreting at the level recommended by HHSC Board for Evaluation of Interpreters (BEI)

  - For spoken language interpreters:
    - Certification by the Certification Commission for Health Care Interpreters (CCHI)
      or
    - National Board of Certification for Medical Interpreters (NBCMI)
      or
    - Completion of an 80-hour competency-based health care interpreter training program (in classroom or online)
      plus
    - Practicum (onsite mentoring) of 40 hours
- Signed and dated application with all information completed
- Photo
- Training certificate of completion (if applying based on completion of a competency-based training program)
- Documentation of oral proficiency in English and a foreign language by one of the following:
  - Bachelor, Master, PhD, or any other degree from an institution of higher education where the target language is spoken
  - Graduation from high school in a country where the target language is spoken
  - 24+ college credit hours in the target language
  - American Translators Association certification
  - Licensed Court Interpreter
  - Federally Certified Court Interpreter
  - ACTFL Oral Exams (American Council on the Teaching of Foreign Languages): 3.5 + /Advanced Mid-Level (see www.actfl.org)
- Cost: Nominal fee

**RENEWAL RECOMMENDATIONS**

- Certificate expires two years from the issue/renewal date
- 16 contact hours of continuing education every two years including the following:
  - A minimum of four hours must be related to code of ethics in health care for interpreters
  - Up to 10 hours may be satisfied through verifiable independent self-study and participation in non-certified training that relates to one or more of the core competencies
- Cost: Nominal fee

**EXPIRED CERTIFICATE**

- To renew a certificate expired for one year or less, complete the required continuing education and submit the Application for Certificate Renewal.
- Cost: Nominal fee
- A certificate expired for more than one year requires a new application.